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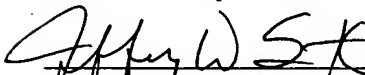
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dee et al.
Filing Date: February 25, 2004
Application No.: 10/786,209
For: FATTY ACID ANTIMICROBIAL
Docket No.: 10004.512
Express Mail No.: EM310528308US
Date of Deposit: July 25, 2008

I hereby certify that these attached documents

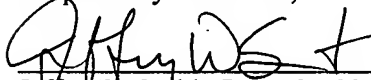
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(Jeffrey W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,


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PTO/SB/21 (01-08)

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FORM**

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Total Number of Pages in This Submission

Application Number 10/786,209

Filing Date February 25, 2004

First Named Inventor Alejandro O. Dee

Art Unit 1615

Examiner Name N. Levy

Attorney Docket Number 10004.512

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SMITH LAW OFFICE		
Signature			
Printed name	Jeffrey W. Smith		
Date	July 25, 2008	Reg. No.	33455

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